



2019 IHCP Annual Workshop

MDwise Prior Authorization

Providing health coverage to Indiana families since 1994

Agenda

- Overview
- Eligibility
- Prior Authorization Process
- Timelines
- Appeals
- Contact
- Resources
- Questions

Overview

Prior Authorization (PA)

- The actions taken including review of benefit coverage and medical information to determine if the requested service meets the criteria for authorization.

Authorization requests

- Specific forms are available on the MDwise website from medical management to submit for service authorization.

Referral (Right Choices Program Only)

- Process when a member's primary medical provider (PMP) determines that the member's conditions require additional services provided by a physician other than a PMP.

*Please note: Incomplete forms or requests lacking required information will delay the authorization process.

Overview

Service types requiring Prior Authorization include:

- Inpatient admissions
- Outpatient services/procedures
- Pharmacy, therapies
- Home health care
- Durable medical equipment
- Transportation
- Self-referral services (in accordance with IHCP guidelines)

MDwise follows Federal and State regulations related to second opinions, access for members with special needs, and access to women's health specialists for female members.

*Prior Authorization is the provider's responsibility.

Eligibility

When determining eligibility, verify:

- Is the member eligible for services today?
- In which Indiana Health Coverage Program plan are they enrolled?
- If the member is in Hoosier Healthwise or Healthy Indiana Plan, are they assigned to MDwise?
- Who is the member's Primary Medical Provider (PMP)?

IHCP Provider Healthcare Portal	myMDwise Provider Portal
• IHCP Program	• Delivery System: MDwise Excel
• Managed Care Entity	• Assigned PMP History
• Assigned PMP	
• Delivery System: MDwise Excel	

Prior Authorization Process

Prior Authorization Resources:

- Prior Authorization Page
 - <https://www.mdwise.org/for-providers/forms/prior-authorization>
 - Universal PA Form (found on PA page)
 - Behavioral Health Forms (found on PA page)
- [Prior Authorization Reference Guide](#)
 - Contact information for Excel Hoosier Healthwise and Healthy Indiana Plan
 - PA review timelines
 - PA appeals process
- [2019 Medical Prior Authorization & Exclusion List](#)
- [2019 Behavioral Health Prior Authorization List](#)

Prior Authorization Process

To obtain an authorization, the following are required:

- Completed Universal PA form
- Supporting documentation
- Contact information for the requestor
- Submission to the correct program based on member eligibility

Failure to submit the required documents could lead to a PA denial or rejection.

Indiana Health Coverage Programs Prior Authorization Request Form			
Check the box of the entity that most authorizes the service. (For managed care, check the member's plan, unless the service is carved out (delivered as fee-for-service).)	Fee-for-Service	<input type="checkbox"/> Cooperative Managed Care Services (CMCS)	P: 800-245-8720 F: 800-409-2799
	Hoosier Healthwise	<input type="checkbox"/> Anthem Hoosier Healthwise	P: 866-486-4132 F: 866-486-2883
		<input type="checkbox"/> Anthem Hoosier Healthwise - SFHIS	P: 800-291-4140 F: 800-767-3493
		<input type="checkbox"/> CareSource Hoosier Healthwise	P: 844-687-2831 F: 844-432-8924
		<input type="checkbox"/> Midwise Hoosier Healthwise	See www.midwise.org
	Healthy Indiana Plan (HIP)	<input type="checkbox"/> MHS Hoosier Healthwise	P: 877-647-4848 F: 866-912-4245
		<input type="checkbox"/> Anthem HIP	P: 1-844-533-1995 F: 866-486-2883
		<input type="checkbox"/> CareSource HIP	P: 844-687-2831 F: 844-432-8924
		<input type="checkbox"/> Midwise HIP	See www.midwise.org
	Hoosier Care Connect	<input type="checkbox"/> MHS HIP	P: 877-647-4848 F: 866-912-4245
<input type="checkbox"/> Anthem Hoosier Care Connect		P: 1-844-284-1798 F: 866-486-2883	
	<input type="checkbox"/> MHS Hoosier Care Connect	P: 877-647-4848 F: 866-912-4245	
Please complete all appropriate fields.			
Patient Information		Requesting Provider Information	
HICP Member ID (RID):		Requesting Provider NPI/Provider ID:	
Date of Birth:		Taxonomy:	
Patient Name:		Tax ID:	
Address:		Provider Name:	
City/State/ZIP Code:		Rendering Provider Information	
Patient/Guardian Phone:		Rendering Provider NPI/Provider ID:	
FMP Name:		Tax ID:	
FMP NPI:		Name:	
FMP Phone:		Address:	
Ordering, Prescribing, or Referring (OPR) Provider Information		City/State/ZIP Code:	
OPR Physician NPI:		Phone:	
Medical Diagnosis (Use of ICD Diagnostic Code Is Required)		Fax:	
Dx1	Dx2	Dx3	
Please check the requested assignment category below:			
<input type="checkbox"/> DME <input type="checkbox"/> Inpatient <input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Peritoneal <input type="checkbox"/> Observation <input type="checkbox"/> Speech Therapy			
<input type="checkbox"/> Rental <input type="checkbox"/> Office Visit <input type="checkbox"/> Transportation			
<input type="checkbox"/> Home Health <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Other			
<input type="checkbox"/> Hospice <input type="checkbox"/> Outpatient			
Dates of Service		Procedure/Service Codes	Modifiers
Start	Stop		
Notes:			
PLEASE NOTE: Your request MUST include medical documentation to be reviewed for medical necessity.			
Signature of Qualified Practitioner _____ Date: _____			
HICP Prior Authorization Request Form			
Version 4.0, April 2018			
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Prior Authorization Process

You will need two key items when filing a request for Medical Prior Authorization (PA):

1. Universal Prior Authorization Form
 - Located on our website here: <https://www.mdwise.org/providers/forms/prior-authorization>
2. Documentation to support the medical necessity of the service you are requesting:
 - Lab work
 - Medical records/physician notes
 - Test results
 - Therapy notes

Tips:

- Completely fill out the Universal PA Form including the rendering provider's NPI and TIN, the requestor's name along with phone and fax number.
- Be sure to note if PA is for a retroactive member.

Please Note: Not completely filling out the Universal PA Form may delay the prior authorization timeframe.

Prior Authorization Process

Please submit prior authorization requests via fax to the proper PA fax number listed on our Quick Contact Guide.

- Hoosier Healthwise: 888-465-5581
- Healthy Indiana Plan
 - Inpatient: 866-613-1631
 - All Other Authorizations: 866-613-1642

Prior Authorization Process

Tips for submitting authorization requests:

- For pre-service non-urgent requests, request a date span rather than a specific date.
- Submit complete clinical information at the time of the request.
- Be sure to provide your fax number and a secure voice mailbox number, and include a contact name and number for us to request additional clinical information if needed.
- Urgent requests should be reserved for services that, if not performed, may jeopardize the health of the member. Urgent requests are not in lieu of a timely request.

Please note: Repeat inquiries to check the status of a requested authorization, or to ask for an expedited authorization, can slow down authorization review process.

Prior Authorization Process

- Any authorization request that does not meet the guidelines and/or criteria is referred to a MDwise-employed physician.
- Only the MDwise physician can issue a decision to deny for medical necessity.
- If a denial is issued and the provider wants to speak with the MDwise physician (Peer-to-Peer), the provider should follow the directions on the denial letter.
 - A member of the inquiry team will set up the Peer-to-Peer in our system and the MDwise physician will pursue contacting the requesting provider to arrange a date/time for the Peer-to-Peer.

Prior Authorization Process

After Hours

- Providers can submit the Universal PA Form to our fax numbers, which are available 24 hours per day/7 days per week.
 - Hoosier Healthwise: 1-888-465-5581
 - Healthy Indiana Plan: 1-866-613-1631 (inpatient), 1-866-613-1642 (outpatient)
- We also have a direct/toll-free telephone number for providers to call.
 - 1-888-961-3100 (HHW and HIP)
 - All messages are returned within one (1) business day
- Any prior authorization requests faxed after hours are received either the next business or next calendar day depending upon the type of request.
- The date the fax is received counts toward the PA resolution timeframe.
- Contact information can be found on our Prior Authorization Guide.

Prior Authorization Process

Emergency Services

- MDwise members may seek emergency services at the nearest emergency room without authorization when they believe their condition to be an emergency.
- All emergency inpatient admissions require prior authorization within 48 hours after admission.
 - Please refer to the MDwise Prior Authorization Guide.

Prior Authorization Process

Hospital Admissions

- Prior Authorization is required for all inpatient admissions including all elective or planned inpatient admissions.
 - MDwise requires a prior authorization request within 48 hours after all emergency inpatient admissions.
- It is the responsibility of the hospital to obtain prior authorization for all inpatient hospital admissions.
- Once the hospital obtains the prior authorization for an inpatient stay, the services rendered as part of the stay do not require separate authorization.
- Services rendered during the stay should utilize the hospital's admission prior authorization.
- Per IHCP, providers should bill inpatient stays that are less than 24 hours as an outpatient service.

Prior Authorization Process

Behavioral Health

Services that require PA:

- Neuropsychological testing
- Psychological testing
- Inpatient psychiatric admissions

Behavioral Health members can receive outpatient therapy sessions *without* prior authorization per contracted billing provider

Forms can be found at:

<http://www.mdwise.org/for-providers/forms/behavioral-health/>

Prior Authorization Process

Pharmacy Prior Authorizations

- For all questions regarding Pharmacy PAs, contact the member's Pharmacy Benefit Manager:
 - MedImpact: 844-336-2677
- Pharmacy Resources:
 - <http://www.MDwise.org/for-providers/pharmacy-resources>

Timelines

Prior Authorization Turn-Around Time

- Urgent prior authorizations can take up to 72 hours.
- Requests for non-urgent prior authorization will be resolved within 7 calendar days.
 - It is important to note that “resolved” could mean a decision to pend for additional information.

Please Note: All emergency inpatient admissions require prior authorization within 48 hours after admission.

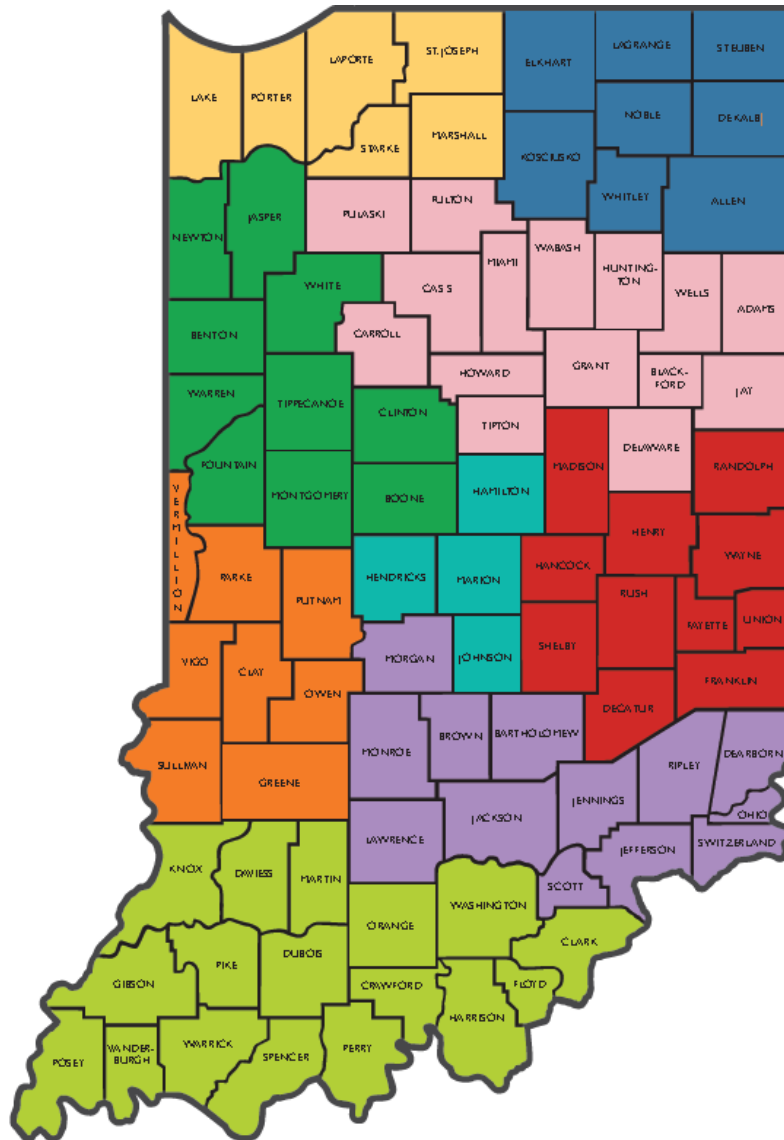
- If you have not received a response within the time frames above, contact the Prior Authorization Inquiry Team and they will research the issue.
- PA Inquiry Line
 - 1-888-961-3100

Appeals

Prior Authorization Appeals

- Providers can request an appeal on behalf of a member within 60 calendar days of receiving denial.
- Providers must request an appeal in writing to MDwise:
Attention: MDwise Customer Service Department
P.O. Box 441423
Indianapolis, IN 46244-1426
- MDwise will address a standard non-expedited appeal within 30 calendar days and notify the provider and member in writing of the appeal decision including the next steps.
- If you do not agree with the appeal decision, additional appeal procedure options are available.

Contact



Region 1
Paulette Means
pmeans@mdwise.org
317-822-7490

Region 2
T.A. Ward
tward@mdwise.org
317-983-6137

Region 3
Michelle Phillips
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Region 4
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Region 5
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Region 6
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Region 7
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Region 8
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Region 9
Whitney Burnes
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Nichole Young, RN
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317-822-7509
Behavioral Health
CMHCs, OTPs, IMDs, Residential

Contact

Representative	Territory	Phone	Email
Paulette Means	Region 1	317-822-7490	pmeans@mdwise.org
TA Ward	Region 2	317-983-6137	tward@mdwise.org
Michelle Phillips	Region 3, Hospice, Home Health	317-983-7819	mphillips@mdwise.org
Jamaal Wade	Region 4	317-822-7276	jwade@mdwise.org
David Hoover	Region 5	317-983-7823	dhoover@mdwise.org
Tonya Trout	Region 6	317-308-7329	ttrout@mdwise.org
Rebecca Church	Region 7	317-308-7371	rchurch@mdwise.org
Sean O'Brien	Region 8	317-308-7344	sobrien@mdwise.org
Whitney Burnes	Region 9	317-308-7345	wburnes@mdwise.org
Nichole Young	Behavioral Health (CMHC, OTP, IMD or Residential)	317-822-7509	nyoung@mdwise.org

Resources

MDwise Provider Portal

<http://www.MDwise.org/for-providers>

- Member Eligibility including PMP
- Claims
- Quality Reports
 - Member Rosters
- Member Health Profile
 - Coordinate Medical and Behavioral Health services based on paid claims
 - Includes physician visits, medication and ER visits
- Care Management/Disease Management Requests

Resources

MDwise Provider Tip Sheets

- <http://www.mdwise.org/for-providers/tools-and-resources/additional-resources/tip-sheets/>

MDwise Provider Manuals

- <http://www.mdwise.org/for-providers/manual-and-overview/>

MDwise Provider Relations Territory Map

- <http://www.mdwise.org/for-providers/contact-information/>

MDwise Claims: Provider Customer Service Unit

- 1.833.654.9192

MDwise Customer Service

- 1.800.356.1204

IHCP Provider Modules

- www.in.gov/providers

Questions



Session Survey

Please use the QR code or the web link below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1028>